

post-lésion), l'interrogatoire téléphonique des médecins du travail à l'aide d'un questionnaire guide.

Résultats.– Le taux de réinsertion socioprofessionnelle est meilleur pour les patients victimes d'un AVC que pour ceux victimes d'un TC. Le soutien familial, l'accompagnement dans le processus de réinsertion professionnelle par la cellule d'insertion socioprofessionnelle du centre, l'absence de troubles du comportement séquellaires de la lésion semblent être des facteurs prédictifs d'un succès de la démarche de réinsertion.

Conclusion.– Cette étude met en évidence l'amélioration du taux de réinsertion socioprofessionnelle des cérébro-lésés accompagnés dans leur parcours par la cellule d'insertion professionnelle, via donc une démarche précoce d'insertion. Elle permet de retrouver plusieurs facteurs pronostiques de réussite de cette réinsertion à savoir le soutien familial et l'absence de séquelles cognitives importantes. Enfin, elle réaffirme l'importance d'une démarche d'accompagnement des cérébro-lésés dans leur processus de réinsertion professionnelle, en s'appuyant sur les nouvelles recommandations HAS sur la démarche précoce d'insertion.

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English version

P079-e

Evaluation of quality of life in complete locked-in syndrome patients

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Keywords: Locked-in syndrome; Stroke; ALS; Quality of life

Goal.– There are few studies where quality of life (QOL) and contributively factors are assessed in patients LIS with complete physical and functional disability and dependence to caregivers.

We compared quality of life (QOL) of locked-in syndrome (LIS) patients with QOL of healthy controls.

Methods.– We included nine LIS patients (eight vascular aetiology, one post-traumatic), 11 healthy controls. The following scales were administered patients: McGill, Short-Form SF-36, Beck depression inventory-II (BDI-II) and the Toronto Alexithymia Scale.

Results.– Mean McGill and SF36 were not significantly different between LIS group and healthy controls; there were no significant differences between the two groups for others scales either except for BDI-II, depressive symptoms were significantly more frequent in LIS patients.

Discussion.– Our results agree with several previous studies. Several factors may have an impact on QOL of LIS patients such as family support and patient-computer communication devices, these may have contributed to improve QOL of LIS patients in this study.

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P080-e

Substitutive treatment for GH deficit in patients with traumatic brain injury

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Keywords: Traumatic brain injury; Growth hormone; Pituitary deficit; Cognition; Quality of life

Objectives.– Pituitary deficits are frequent in patients with severe traumatic brain injury (TBI) and could participate in the late cognitive sequelae and reduction of quality of life (QoL). A recent study has suggested that treatment of growth hormone deficit (GHD) can improve cognitive disorders. However, we

have no idea about the possible effects on participation to daily living activities and quality of life (QoL) and about factors which could contribute to this improvement. The aim of this study was to analyze the effectiveness of substitutive treatment on cognitive abilities, participation and QoL, and predictive factors of the efficacy.

Methods.– We included patients complaining of fatigue and cognitive disorders at least one year after TBI. They were assessed for pituitary functions (with stimulation tests), and cognitive disorders (attention, memory, executive functions), participation in daily living activities and QoL (QOLIBRI scale). Hormonal deficits were supplemented and a group of 23 persons receiving GH was compared to a group of 27 persons who did not received GH. Control of cognitive assessment, participation in daily living activities and QoL was performed after one year of therapy. We performed ANOVAs of factors Group and Session ($p \leq 0.05$).

Results.– Most cognitive parameters improved, but without between-group differences. More definite effect of GH treatment (group x session interaction) was found for vigilance, recall of the Rey complex figure, and two out of six subtests of the QoL questionnaire (personal and functional factors). Tendencies ($p \leq 0.08$) were also found for spatial orientation, and immediate recall in the verbal memory test (Buschke). Patients who most improved in QoL subtests were those with lower performance in cognitive tests and especially with lower QoL before treatment.

Conclusion.– In TBI patients showing GHD, substitutive treatment can contribute to better improvement in cognitive performance and QoL. This benefit is more evident for those with severe difficulties before treatment.

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P081-e

Repercussion on professional activity of post-concussion syndrome secondary to a mild traumatic brain injury

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Keywords: Mild traumatic brain injury; Post-concussion syndrome; Professional repercussions

Goal.– Look for the existence of repercussions on professional activity of a post-concussion syndrome consequential to a mild traumatic brain injury.

Population and method.–

- descriptive prospective study, in process;
- inclusion specifications: victims of a mild traumatic brain injury (mTBI) according to the definition of "France Traumatisme Crânien"; admitted to Emergency; aged 18–62; exercising a professional activity;
- search of a post-concussion syndrome (PCS) on the phone after one and three months: Rivermead Post-Concussion Symptoms Questionnaire;
- consultation in case of unfavorable evolution between the two questionnaires: Neurobehavioral Rating Scale-revised (NRS-r), followed by a possible multi-disciplinary rehabilitative care in a Functional Reeducation Center;
- search for professional repercussions of the mTBI after six months: unstandardized closed phone questionnaire.

Preliminary results after 15 months.–

- 53 patients included; 34 studied here (the other 19 not being yet at six months after their TBI);
- 53% (18/34) presented a PCS one month after their TBI, persisting after three months for 44% (15/34);
- 24% (8/34) underwent the NRS-r and 9% (3/34) went in reeducation, which saw an unfavorable evolution;
- 74% (25/34) went on sick leave from 1 to 90 days, (22 days on average). Professional repercussions of the TBI after six months: repercussions are present for 35% (12/34) of cases; among those twelve people, all speak of a persistent tiredness, nine indicate memory troubles, seven attention troubles and a slowness of movement;

All the patients of this set (34/34) resumed their former job after six months; only one of them changed his post within his firm for his own convenience and not because of incapacity pronounced by the occupational doctor.